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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives

Discussion guide on the high-level round table on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Note by the Bureau of the Commission on the Status of Women

I. Background

1. In order to further develop opportunities for sharing national experience, in particular with regard to the implementation of the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly, the Commission on the Status of Women introduced the option of high-level round tables at its forty-sixth session in 2002 (decision 46/101). It authorized the Bureau to decide the number, timing and theme of any such round tables, subsequent to consultation with all interested Member States through regional groups.

2. At its fiftieth session, in March 2006, the Commission decided that the annual interactive high-level round table would focus on experiences, lessons learned and good practices, including results with supporting data, where available, in relation to the implementation of previous commitments made with regard to the priority theme.[1]

* E/CN.6/2009/1.

[1] See *Official Records of the Economic and Social Council, 2006, Supplement No. 1* (E/2006/99), resolution 2006/9, para. 3.

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II. Organizational matters

Theme

3. At the fifty-third session of the Commission, the high-level round table will focus on the priority theme of "The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS".[2]

Participants

4. The high-level round table is an opportunity for high-level representatives from capitals attending the fifty-third session of the Commission to engage in dialogue, and share experiences, lessons learned and good practices. The high-level representatives may include: ministers of women's affairs; ministers of labour; ministers of social development; heads of national machineries for gender equality; heads of women's/gender equality commissions; and senior officials from other relevant bodies, including statistical offices.

5. The high-level round table will be open to other members of the Commission and observers. A number of invited senior officials from entities of the United Nations system and representatives of non-governmental organizations in consultative status with the Economic and Social Council will also have an opportunity to participate in the dialogue.

Timing and format

6. The high-level round table will be held at United Nations Headquarters in New York on 2 March 2009, from 3 to 6 p.m.

7. The high-level round table will be chaired by the Chairperson of the Commission, Olivier Belle (Belgium).

8. In order to promote the interactivity of the round table, the Chairperson will guide the discussions in a proactive manner. Interventions shall not exceed three minutes. Speakers are also encouraged to pose questions and offer comments on interventions made in the dialogue. Written statements are strongly discouraged.

9. The first half of the high-level round table should consist of a discussion among high-level representatives from capitals. During the second half, invited senior officials of the United Nations system and representatives of non-governmental organizations will participate.

Outcome

10. A Chairperson's summary of the high-level round table will be prepared.

[2] Ibid., para. 23 (c).

III. Elements for discussion in the high-level round table

A. Global policy and legal framework

11. Commitments on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS have been made by Governments at the international level, including at the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995), the World Summit for Social Development (1995), and the twenty-third special session of the General Assembly (2000), as well as in the outcomes of sessions of the Commission on the Status of Women since 1996. International human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, as well as International Labour Organization conventions recognize the obligations that State parties have to promote the equal sharing of responsibilities between women and men.

12. In 1994, the Programme of Action of the International Conference on Population and Development[3] noted that the full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household.[4] The Programme of Action noted that male responsibilities should be emphasized with respect to child-rearing and housework and that greater investments should be made in appropriate measures to lessen the daily burden of domestic responsibilities, the greatest share of which falls on women.[5] Countries were urged, inter alia, to enact laws and to implement programmes and policies which will enable employees of both sexes to organize their family and work responsibilities through flexible work-hours, parental leave, day-care facilities, maternity leave, policies that enable working mothers to breast-feed their children, and health insurance. The Programme of Action recommended that similar rights should be ensured to those working in the informal sector.[6] The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by Governments.[7]

13. Commitments made by countries at the World Summit for Social Development, held in Copenhagen in 1995, included the promotion of equal partnership between women and men in family and community life and society, the shared responsibility of men and women in the care of children and support for older family members; and men's shared responsibility and active involvement in responsible parenthood and sexual and reproductive behaviour. Governments committed to develop means of recognizing and making visible the full extent of the

[3] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publications, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[4] Ibid., para. 4.1.

[5] Ibid., para. 4.11.

[6] Ibid., para. 4.13.

[7] Ibid., para. 4.26.

work of women and their contributions to the national economy, including in the unremunerated and domestic sectors.[8]

14. The Beijing Declaration emphasized that the equal sharing of responsibilities and a harmonious partnership between women and men were critical to their well-being and that of their families as well as to the consolidation of democracy.[9] The Beijing Platform for Action noted that women bear a disproportionate burden because of the gender division of labour and household responsibilities. Girls and young women are expected to manage both educational and domestic responsibilities, often resulting in poor scholastic performance and early drop-out from the educational system. Lack of access to productive resources and inadequate sharing of family responsibilities, combined with a lack of or insufficient services such as childcare, continue to restrict employment, economic, professional and other opportunities and mobility for women; and the unequal division of labour and responsibilities within households limits women's potential to find time and to develop the skills required for participation in decision-making in wider public forums.[10]

15. The Platform noted that a more equal sharing of responsibilities between women and men not only provides a better quality of life for women and their daughters but also enhances their opportunities to shape and design public policy, practice and expenditure so that their interests may be recognized and addressed.[11] The Platform called on Governments to ensure opportunities for women and men to take job-protected parental leave and to have parental benefits; and to promote the equal sharing of responsibilities for the family by men and women, including through appropriate legislation.[12]

16. The outcome document of the twenty-third special session of the General Assembly also noted that failure to recognize and measure in quantitative terms unremunerated work of women, which is often not valued in national accounts, has meant that women's full contribution to social and economic development remains underestimated and undervalued. As long as there is insufficient sharing of tasks and responsibilities with men, the combination of remunerated work and caregiving will lead to the continued disproportionate burden for women in comparison to men.[13] Governments were called on to design, implement and promote family-friendly policies and services, including affordable, accessible and quality care services for children and other dependants, parental and other leave schemes and campaigns to sensitize public opinion and other relevant actors to equal sharing of employment and family responsibilities between women and men.[14]

17. Agreed conclusions 1996/3, on child and dependant care, including sharing of work and family responsibilities, adopted by the Commission at its fortieth session, in 1996, emphasized that greater participation of men in family responsibilities,

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[8] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II, Commitment 5 (g) and (n).

[9] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex I, Beijing Declaration, para. 15.

[10] Ibid., annex II, paras. 50, 152 and 185.

[11] Ibid., para. 185.

[12] Ibid., para. 179 (c).

[13] General Assembly resolution S-23/3, annex, para. 47.

[14] Ibid., para. 82 (d).

including domestic work and child and dependant care, would contribute to the welfare of children, women and men themselves.[15]

18. Agreed conclusions of the Commission on the Status of Women since 1996 have addressed the issue of the equal sharing of responsibilities between women and men within the context of the consideration of other priority themes. The Commission's agreed conclusions on the role of men and boys in achieving gender equality, adopted at the forty-eighth session endorsed by the Economic and Social Council in 2004,[16] recognized that joint partnership between women and girls and men and boys was essential to achieving gender equality and called for the creation and improvement of training and education programmes to enhance awareness and knowledge among men and women on their roles as parents, legal guardians and caregivers and the importance of sharing family responsibilities.

19. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women recognize the obligations that State parties have to promote the equal sharing of responsibilities between women and men. Article 5 (a) of the Convention on the Elimination of All Forms of Discrimination against Women, in particular, notes the need for appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to eliminating prejudices and practices which are based on the inferiority or superiority of either of the sexes or on stereotyped roles for men and women. Article 18 of the Convention on the Rights of the Child calls on States parties to use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. ILO Convention No. 156 (1981), and its corresponding resolution, addresses the situation of Workers with Family Responsibilities.

20. The HIV/AIDS pandemic brought greater urgency to addressing the division of labour between women and men, particularly with regard to caregiving. The Beijing Platform for Action recognized the consequences of HIV/AIDS for women's role as mothers and caregivers and their contribution to the economic support of their families.[17] Governments were called on to support and strengthen national capacity to create and improve gender-sensitive policies and programmes on HIV/AIDS and other sexually transmitted diseases, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons.[18]

21. The agreed conclusions on women, the girl child and HIV/AIDS, adopted by the Commission at its forty-fifth session, in 2001, which were endorsed by the Economic and Social Council,[19] encouraged the active involvement of men and

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[15] See *Official Records of the Economic and Social Council, 1996, Supplement No. 6* (E/1996/26), chap. I, sect. C.

[16] See *Official Records of the Economic and Social Council, 2004, Supplement No. 1* (E/2004/99), resolution 2004/11 on the agreed conclusions of the Commission on the Status of Women on the role of men and boys in achieving gender equality, paras. 3 and 6 (c).

[17] *Report of the Fourth World Conference on Women*, chap. I, resolution 1, annex II, para. 98.

[18] Ibid., para. 108 (g).

[19] See *Official Records of the Economic and Social Council, 2001, Supplement No. 1* (E/2001/99), resolution 2001/5 on agreed conclusions of the Commission on the Status of Women on thematic issues, sect. A.3, para. 2 (i).

boys through, inter alia, youth-led and youth-specific HIV education projects and peer-based programmes, in challenging gender stereotypes and attitudes as well as their full participation in prevention, impact alleviation and care. The agreed conclusions on the elimination of all forms of discrimination and violence against the girl child, adopted by the Commission at its fifty-first session, in 2007, urged Governments to take measures to increase men's responsibility for home-based care in order to address the disproportionate burden borne by women and girls in caring for the chronically ill.[20]

22. The resolution of the Commission on the Status of Women on "Women, the girl child and HIV/AIDS", adopted at its fifty-first session, in 2007, expressed concern that women and girls bear the disproportionate burden of caring for and supporting those infected and affected by HIV/AIDS.[21]

B. Discussion guide

23. During the round table, high-level representatives from capitals are expected to focus on lessons learned, achievements and good practices, as well as gaps and challenges, with supporting data where available, with respect to implementation at the national level of commitments on the priority theme: "Equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS".

24. Participants may wish to consider the following issues, while keeping in mind the contributions of different stakeholders:

(a) Efforts to raise awareness of and challenge gender stereotypes which perpetuate perceptions of women as natural caregivers and men as the main breadwinners and/or deficient caregivers, including through interventions in the education system and the media and through awareness-raising campaigns;

(b) Policy and legislative interventions, and programmes and services developed to enable women and men to reconcile family and work responsibilities, such as gender-sensitive labour laws (including on leave policies and working time measures); public services (for example, child and elder care); and systems of financial support (such as allowances and pensions);

(c) Public policy interventions to improve availability and quality of social and physical infrastructure (such as education, health care, water, sanitation, energy and time-saving technologies) to reduce the current burden of unpaid work for women and to promote more equal sharing of responsibilities between women and men;

(d) Measures taken to support and strengthen the contributions of men and boys to domestic and care work, and to explore ways to overcome barriers to their involvement in equal sharing of responsibilities;

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[20] See *Official Records of the Economic and Social Council, 2007, Supplement No. 7* (E/2007/27), chap. I, sect. A, Agreed conclusions of the Commission on the Status of Women on the elimination of all forms of discrimination and violence against the girl child, para. 14.5 (e).

[21] Ibid., chap. I, sect. D, resolution 51/1, para. 3.

(e) Initiatives taken at the national level to provide care and support to people living with HIV, including improvements in public health systems and measures to support those providing home-based care;

(f) Strategies and measures developed to strengthen the role of men and boys in caregiving in the context of HIV/AIDS;

(g) Efforts to measure and value unpaid work and measure the relative contributions of women and men at the household level, including through time-use surveys, collection of data and other measures, in order to develop policies to address the unequal sharing of responsibilities;

(h) Measures to make visible and strengthen the role and contributions of different stakeholders — including Government, the private sector, and civil society — in providing services to support households and families to manage work, family and caregiving responsibilities, including in the context of HIV/AIDS.

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Follow-up to Economic and Social Council resolutions and decisions

Implementing the internationally agreed goals and commitments in regard to global public health

Note by the Secretariat

I. Introduction

1. Since 2002, the Economic and Social Council, pursuant to paragraph 13 of its agreed conclusions 2002/1 of 26 July 2002,[1] has invited its functional commissions to provide inputs to the overall theme of the Council's coordination and high-level segments as they relate to their area of work. In its resolution 61/16 of 20 November 2006, the General Assembly adopted new working methods for the Council to strengthen its role as the central mechanism for system-wide coordination in the implementation of, and follow-up to, the outcomes of the major United Nations conferences in the economic, social and related fields. Within the framework of these new working methods, the Assembly decided that the Council should hold annual ministerial-level substantive reviews as part of its high-level segment and requested the Council to urge its functional commissions to contribute to the review. At its substantive session of 2008, the Economic and Social Council requested its functional commissions to contribute to the annual ministerial review, in accordance with their mandates (see Council resolution 2008/29, para. 8).

2. At its resumed substantive session of 2007, the Economic and Social Council, in its decision 2007/272 of 4 October 2007, decided that the theme for the annual ministerial review would be "Implementing the internationally agreed goals and commitments in regard to global public health". The present note has been prepared by the Secretariat to assist the Commission on the Status of Women, should it

* E/CN.6/2009/1.

[1] See *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 3* (A/57/3/Rev.1), chap. V, sect. A, para. 9.

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consider providing input into the high-level segment of the Council's substantive session of 2009.

3. This note provides an overview of recommendations for actions to incorporate gender perspectives in global public health as contained, inter alia, in the Cairo Programme of Action,[2] the Beijing Declaration and Platform for Action,[3] the outcome of the twenty-third special session of the General Assembly,[4] and the agreed conclusions of the Commission on the Status of Women since 1996, as well as provisions contained in international human rights instruments.

II. Background

4. The Beijing Platform for Action identified women and health as one of its 12 critical areas of concern. The Platform reiterated the agreements in the Programme of Action of the International Conference on Population and Development (1994) and in the Programme of Action of the World Summit for Social Development (1995), as well as the obligations of States parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements, to meet the health needs of girls and women of all ages (para. 106 (a)).

5. The Platform for Action recognized women's right to the enjoyment of the highest standard of health and noted inequality as a major barrier for women to the achievement of the highest attainable standard of health, both between men and women and among women in different geographical regions, social classes and indigenous and ethnic groups (para. 89). It further acknowledged that women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Gender bias in the health system often leads to the provision of inadequate and inappropriate medical services to women (para. 90).

6. The Platform for Action noted that women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making have an adverse impact on their health. Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment (para. 92).

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[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[4] General Assembly resolutions S-23/2, annex, and S-23/3, annex.

7. The Platform for Action recognized that the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence (para. 96).

8. The Platform for Action noted that discrimination against girls, often resulting from son preference, endangered their health and well-being. Early child-bearing curtails educational and employment opportunities and has an adverse impact on the quality of their lives and the lives of their children (para. 93).

9. Governments, the United Nations and its specialized agencies, international financial institutions, bilateral donors and the private sector were called upon to give higher priority to women's health and develop mechanisms for coordinating and implementing the health objectives of the Platform for Action and relevant international agreements to ensure progress (para. 111 (c)).

10. Since 1996, agreed conclusions adopted by the Commission on the Status of Women have reaffirmed and enhanced commitments of the Platform for Action on women and health. The Commission focused specifically on implementation of the critical area of concern, women and health, in its agreed conclusions on women and health in 1999 (see Economic and Social Council resolution 1999/17), and in its agreed conclusions of 2006 on the enhanced participation of women in development: an enabling environment for achieving gender equality and the advancement of women, taking into account, inter alia, the fields of education, health and work.[5] Agreed conclusions on other priority themes have also considered health aspects, for example the agreed conclusions on women, the girl child and HIV/AIDS (2001) (see Economic and Social Council resolution 2001/5, sect. A); on the role of men and boys in achieving gender equality (2004) (see Economic and Social Council resolution 2004/11); and on the elimination of all forms of discrimination and violence against the girl child (2007).[6] Resolutions of the Commission have also raised health aspects, for example, resolution 52/4 on women, the girl child and HIV/AIDS and resolution 52/2 on ending female genital mutilation.

11. In the United Nations Millennium Declaration of 2000,[7] world leaders resolved to promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable (para. 20). The Millennium Development Goals, developed in 2000, include time-bound and measurable goals, including those aimed at eradicating poverty and hunger, improving maternal health, reducing child mortality, promoting gender equality, and combating HIV/AIDS.

12. During the 2005 World Summit,[8] Heads of State and Government committed themselves to achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration (para. 57 (g)). Heads of State and

[5] *Official Records of the Economic and Social Council, 2006, Supplement No. 7* (E/2006/27 and Corr.1 and 2), chap. I, sect. D.

[6] Ibid., *2007, Supplement No. 7* (E/2007/27), chap. I, sect. A.

[7] See General Assembly resolution 55/2.

[8] See General Assembly resolution 60/1.

Government also resolved to promote gender equality and eliminate pervasive gender discrimination by, inter alia, ensuring equal access to reproductive health (para. 58 (c)).

13. International human rights instruments, including the Universal Declaration of Human Rights,[9] the International Covenant on Economic, Social and Cultural Rights,[10] the Convention on the Elimination of All Forms of Discrimination against Women,[11] the Convention on the Rights of the Child[12] and the Convention on the Rights of Persons with Disabilities[13] provide a human rights framework which is closely linked to the achievement of internationally agreed goals and commitments on gender equality and women's health.

III. Internationally agreed goals and commitments on the health of women and girls

A. The right of women and girls to the highest standard of health

14. The Programme of Action of the International Conference on Population and Development emphasized that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8).

15. The Beijing Platform for Action reaffirmed the right to the enjoyment of the highest attainable standards of physical and mental health. Governments were called upon to protect and promote the attainment of this right for women and girls and incorporate it in national legislation; and to review existing legislation, including health legislation, as well as policies, where necessary, to reflect a commitment to women's health and to ensure that they meet the changing roles and responsibilities of women wherever they reside (para. 106 (b)).

16. International human rights treaties include provisions on equality and non-discrimination as well as on women's right to health. Article 25 (1) of the Universal Declaration of Human Rights (1948) established that everyone has the right to a standard of living adequate for health and well-being, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood. Article 25 (2) provides that motherhood and childhood are entitled to special care and assistance.

17. The States parties to the International Covenant on Economic, Social and Cultural Rights[10] (1966) recognized, in article 12 (1), the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. States parties are to take steps to achieve the full realization of this right, including, inter

[9] General Assembly resolution 217 A (III).

[10] See General Assembly resolution 2200 A (XXI), annex.

[11] United Nations, *Treaty Series*, vol. 1249, No. 20378.

[12] Ibid., vol. 1577, No. 27531.

[13] General Assembly resolution 61/106, annex I.

alia, those necessary for the provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child (article 12 (2 (a))). Mothers should be accorded special protection during a reasonable period before and after childbirth (article 10 (2)).

18. In 2000, the Committee on Economic, Social and Cultural Rights, in its General Comment No. 14,[14] recommended that States integrate a gender perspective in their health-related policies, planning, programmes and research in order to promote better health for both women and men. In addition, the Committee noted the need to develop and implement a comprehensive national strategy for promoting women's right to health throughout their lifespan. Such a strategy should include interventions aimed at the prevention and treatment of diseases affecting women, as well as policies to provide access to a full range of high quality and affordable health care, including sexual and reproductive services.

19. The Convention on the Elimination of All Forms of Discrimination against Women[11] (1979) addresses women's right to health in its articles 4 (2) (temporary special measures), 10 (education), 11 (employment), 12 (health care), 14 (rural women) and 16 (marriage and family relations). Article 12 commits States parties to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning, and to ensure to women appropriate services in connection with pregnancy.

20. The Committee on the Elimination of Discrimination against Women has issued a number of general recommendations with regard to women's health. In its general recommendation 24 (1999),[15] the Committee noted that the duty of States parties to ensure, on a basis of equality of men and women, access to health-care services, information and education implies an obligation to respect, protect and fulfil women's rights to health care; and that States parties have the responsibility to ensure that legislation and executive action and policy comply with these three obligations.

21. The Convention on the Rights of the Child (1989)[12] recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health and calls on States parties to ensure that no child is deprived of his or her right of access to such health-care services (article 24 (1)). The Convention also calls on States parties to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children (article 24 (3)).

22. In its article 25, the Convention on the Rights of Persons with Disabilities (2006)[13] calls on States parties to take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States parties shall provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes (article 25 (a)).

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[14] See E/C.12/2000/4, paras. 20 and 21.

[15] See *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 38* (A/54/38/Rev.1), chap. I, sect. A.

B. Strengthening health systems to meet the needs of women and girls and expanding their access to health-care services

23. The Beijing Platform for Action called on Governments to design and implement gender-sensitive health programmes, including decentralized health services, that address the needs of women throughout their lives and take into account their multiple roles and responsibilities; to include women, especially local and indigenous women, in the identification and planning of health-care priorities and programmes; and to remove all barriers to women's health services and provide a broad range of health-care services (para. 106 (c)). Governments should formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work in the home, in the workplace and elsewhere with attention to pregnant and lactating women (para. 106 (p)).

24. The Platform for Action called for the strengthening of health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls; the reduction of ill health and maternal morbidity and the achievement worldwide of the agreed-upon goal of reducing maternal mortality. Governments should ensure that the necessary services are available at each level of the health system and make reproductive health care accessible, through the primary health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015 (para. 106 (i)). More accessible, available and affordable primary health-care services of high quality should be provided, including sexual and reproductive health care, which includes family planning information and services, with particular attention to maternal and emergency obstetric care (para. 106 (e)). Mental health services should be integrated into primary health-care systems or other appropriate levels (para. 106 (q)).

25. Governments should ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services (para. 106 (g)); and develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence, especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict (para. 106 (q)).

26. The Platform called on Governments to increase budgetary allocations for primary health care and social services, with adequate support for secondary and tertiary levels, with special attention to the reproductive and sexual health of girls and women (para. 110 (a)).

27. The Platform recognized the specific health needs of different groups of women. It noted the special needs of rural women and women with disabilities and the needs of women arising from age and socio-economic and cultural differences (para. 106 (c)). It called for particular attention to the needs of girls, including their continuing access to necessary health and nutrition information (para. 106 (l) and (m)); the health needs of older women, paying particular attention to those who are physically or psychologically dependent (para. 106 (n)); the need for supportive services for girls and women of all ages with any form of disability (para. 106 (o)); and full and equal access to health-care infrastructure and services for indigenous women (para. 106 (y)).

28. Governments were called upon to ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible (para. 106 (x)).

29. In the outcome of its twenty-third special session (see resolution S-23/3, annex), the General Assembly noted that increased efforts were needed to provide equal access to health and to ensure women's and girls' rights to the enjoyment of the highest attainable standard of physical and mental health and well-being throughout the life cycle, as well as adequate, affordable and universally accessible health care and services, including sexual and reproductive health, particularly in the face of the HIV/AIDS pandemic (para. 55). The Assembly called on Governments to adopt, enact, review and revise, where necessary or appropriate, and implement health legislation, policies and programmes, in consultation with women's organizations and other actors of civil society, and allocate the necessary budgetary resources to ensure the highest attainable standard of physical and mental health, so that all women have full and equal access to comprehensive, high-quality and affordable health care, information, education and services throughout their life cycle (para. 72 (g)).

30. The Commission on the Status of Women, at its forty-third session, paid particular attention to women's and girls' access to health-care services across the life cycle in its agreed conclusions, which were endorsed by the Economic and Social Council at its substantive session of 1999. The Commission called on Governments and other actors to formulate policies favourable to investments in women's health and intensify efforts to meet the targets identified in the Beijing Platform for Action; to ensure universal access for women throughout the life cycle to social services related to health care, including education, clean water and safe sanitation, nutrition, food security and health education programmes; and to allocate and reallocate, where appropriate, adequate resources to put in place the necessary measures which ensure that quality health services are accessible to those women throughout their life cycle who are living in poverty, are disadvantaged or are socially excluded (see Council resolution 1999/17, sect. I, para. 7 (Actions to be taken by Governments), para. 1 (b), (c) and (f)).

31. In the context of health sector reform and development and growing diversification of the provision of care, the Commission also called upon Governments to secure equal and equitable access to care for women and to ensure that health sector reform and development efforts promote women's health; and address under-provision of health care; and to systematically integrate the process of gender analysis in the health sector and undertake gender impact assessments and monitoring of all health sector reforms and development to ensure that women benefit equally from those reforms (see Council resolution 1999/17, sect. I, para. 7 (Actions to be taken by Governments), para. 7 (a) and (b)).

32. The Commission on the Status of Women, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child (2007),[16] called upon Governments to take all necessary measures to ensure the rights of girls to the enjoyment of the highest attainable standard of health, and develop sustainable health systems and social services, ensuring access to such

[16] See *Official Records of the Economic and Social Council, 2007, Supplement No. 7* (E/2007/27), chap. I, sect. A.

systems and services without discrimination, paying special attention to adequate food and nutrition and the effects of communicable diseases and to the special needs of adolescents, including raising awareness about eating disorders, and to sexual and reproductive health, and securing appropriate prenatal and post-natal care, including measures to prevent mother-to-child transmission of HIV (para. 14.4 (a)).

33. The Commission, in its agreed conclusions on financing for gender equality and the empowerment of women (2008),[17] called on Governments to strengthen education, health and social services and effectively utilize resources to achieve gender equality and the empowerment of women and ensure women's and girls' rights to education at all levels and the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, as well as quality, affordable and universally accessible health care and services, in particular primary health care (para. 21 (ee)).

34. In its general recommendation 24 (1999),[15] the Committee on the Elimination of Discrimination against Women asked States parties to report on measures taken to eliminate barriers that women face in gaining access to health-care services. Barriers include requirements or conditions that prejudice women's access, such as high fees for health-care services, the requirement for preliminary authorization by spouse, parent or hospital authorities, distance from health facilities and the absence of convenient and affordable public transport (para. 21). In particular, States parties should implement a comprehensive national strategy to promote women's health throughout their lifespan, including interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women; and to ensure universal access for all women to a full range of high-quality and affordable health care, including sexual and reproductive health services (para. 29). Adequate budgetary, human and administrative resources should be allocated to ensure that women's health receives a share of the overall health budget comparable with that for men's health, taking into account their different health needs (para. 30).

35. The Convention on the Rights of the Child[12] calls on States parties to ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision (article 3 (3)). The Convention also calls on States parties to recognize the right of the disabled child to special care (article 23 (2)).

C. Improving women's and girls' health through the Millennium Development Goals

36. The Millennium Development Goal framework focuses on global public health within three of its goals, all of which have important implications for women's and girls' health. Goal 4 focuses on the reduction of child mortality with a target to reduce by two thirds the mortality rate among children under the age of five between 1990 and 2015. Goal 5 calls for a three-quarters reduction in the maternal mortality ratio between 1990 and 2015, and the achievement of universal access to reproductive health by 2015. Goal 6 focuses on combating HIV/AIDS, malaria and

[17] Ibid., *2008, Supplement No. 7* (E/2008/27), chap. I, sect. A.

other diseases with the targets to achieve universal access to treatment for HIV/AIDS for all who need it by 2010 and to halt and begin to reverse the spread of HIV/AIDS by 2015.

37. The achievement of other Millennium Development Goals also has a significant impact on the health outcomes for women and girls: Goal 1 aims to eradicate extreme poverty and hunger; Goal 3 promotes gender equality and the empowerment of women; and Goal 8 focuses on forging global partnerships for development with a target of providing access to affordable essential drugs in developing countries.

1. Improving child health

38. The specific health needs and concerns of the girl child have been addressed in intergovernmental forums. The Platform for Action called on Governments to give particular attention to the needs of girls; to take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality (para. 106 (l)); and to place special focus on programmes to educate women and men, especially parents, on the importance of girls' physical and mental health and well-being, including the elimination of discrimination against girls in food allocation, early marriage, violence against girls, female genital mutilation, child prostitution, sexual abuse, rape and incest (para. 277 (d)).

39. The Platform for Action further urged Governments to take actions to sensitize the girl child, parents, teachers and society concerning good general health and nutrition and raise awareness of the health dangers and other problems connected with early pregnancies (para. 281 (b)); to strengthen and reorient health education and health services, particularly primary health-care programmes, including sexual and reproductive health, and design quality health programmes that meet the physical and mental needs of girls and that attend to the needs of young, expectant and nursing mothers (para. 281 (c)); and to emphasize the role and responsibility of adolescents in sexual and reproductive health and behaviour through the provision of appropriate services and counselling (para. 281 (g)).

40. The Commission on the Status of Women, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child (2007),[16] called upon Governments to improve the situation of girl children living in poverty, deprived of nutrition, water and sanitation facilities, with no access to basic health-care services, shelter, education, participation and protection, taking into account that while a severe lack of goods and services is most threatening and harmful to the girl child, leaving her unable to enjoy her rights, to reach her full potential and to participate as a full member of society (para. 14.1 (c)). The Commission also noted the importance of ensuring the availability of and access to comprehensive age-appropriate information, education and confidential counselling for girls and boys, including in school curricula, on human relationships, and sexual and reproductive health, sexually transmitted infections, including HIV/AIDS, and the prevention of early pregnancy, that emphasize the equal rights and responsibility of girls and boys (para. 14.4 (b)).

41. Further, the Commission on the Status of Women urged Governments to develop, implement and support national and international prevention, care and treatment strategies to effectively address the condition of obstetric fistula and to

further develop a multisectoral, multidisciplinary, comprehensive and integrated approach in order to put an end to obstetric fistula, maternal mortality and related morbidities, including through ensuring access to affordable, comprehensive, quality maternal health-care services, including skilled birth attendance and emergency obstetric care (para. 14.4 (c)).

2. Improving maternal health, including universal access to reproductive health

42. Millennium Development Goal 5 on improving maternal health is the area of least progress among all Millennium Development Goals.[18] The Platform for Action recognized the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. This also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (para. 95).

43. The Platform for Action called on Governments to take actions in regard to sexual and reproductive health, including to:

(a) Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour (para. 107 (d));

(b) Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents (para. 107 (g));

(c) Provide financial and institutional support for research on safe, effective, affordable and acceptable methods and technologies for the reproductive and sexual health of women and men, including more safe, effective, affordable and acceptable methods for the regulation of fertility, including natural family planning for both sexes, methods to protect against HIV/AIDS and other sexually transmitted diseases and simple and inexpensive methods of diagnosing such diseases, among others (para. 109 (h)).

44. Member States were called upon by the General Assembly, at its twenty-third special session (2000), to ensure that the reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to promote safe motherhood, and to give priority attention to measures to prevent, detect and treat breast, cervical and ovarian cancer and osteoporosis, and sexually transmitted infections, including HIV/AIDS (General Assembly resolution S-23/3, annex, para. 72 (b)).

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[18] Background note by the Secretary-General to the high-level event on the Millennium Development Goals (25 September 2008), "Committing to action: achieving the Millennium Development Goals", 25 July 2008.

45. In its agreed conclusions on women and health (1999), the Commission on the Status of Women called on Governments to provide maternal and essential obstetric care, including emergency care, and implement existing and develop new strategies to prevent maternal deaths, caused by, inter alia, infections, malnutrition, hypertension during pregnancy, unsafe abortion and post-partum haemorrhage, and child deaths; to support scientific research into and the development of safe, affordable, effective and easily accessible female-controlled methods of family planning, including dual methods such as microbicides and female condoms that protect against both sexually transmitted diseases and HIV/AIDS and prevent pregnancy, taking into account paragraph 96 of the report of the Fourth World Conference on Women. It also called for the education of women and men, particularly young people, with a view to encouraging men to accept their responsibilities in matters related to sexuality, reproduction and child-rearing and to promoting equal relationships between women and men (see Council resolution 1999/17, sect. I, para. 7 (Actions to be taken by Governments), para. 2 (a), (c) and (e)).

46. In 2004, the Commission, in its agreed conclusions on the role of men and boys in achieving gender equality (see Economic and Social Council resolution 2004/11), called on Governments to design and implement programmes to encourage and enable men to adopt safe and responsible sexual and reproductive behaviour and to use effectively methods to prevent unwanted pregnancies and sexually transmitted infections, including HIV/AIDS (para. 6 (q)).

47. In addition to article 12 on health care, other articles of the Convention on the Elimination of All Forms of Discrimination against Women[11] make reference to specific health needs of women. The Convention calls on States parties to take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular the right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction (article 11 (1 (f))). In order to prevent discrimination against women on the grounds of marriage or maternity, States parties shall take appropriate measures to provide special protection to women during pregnancy in types of work proved to be harmful to them (article 11 (2 (d))). In article 16 (1 (e)) the Convention calls on States parties to take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular to ensure, on a basis of equality of men and women, the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights (article 16 (1 (e))).

48. The Convention on Rights of Persons with Disabilities[13] calls on States parties to ensure that the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized (article 23, para. 1 (b)).

3. Combating HIV/AIDS, malaria and other diseases

49. The Platform for Action urged Governments to ensure the involvement of women, especially those infected with HIV/AIDS or other sexually transmitted

diseases or affected by the HIV/AIDS pandemic, in all decision-making relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases (para. 108 (a)). Legislation should be enacted against those sociocultural practices that contribute to women's susceptibility to HIV infection and other sexually transmitted diseases; and legislation, policies and practices should be implemented to protect women, adolescents and young girls from discrimination related to HIV/AIDS (para. 108 (b)).

50. In the outcome of its twenty-third special session, the General Assembly called for policies and measures to address, on a prioritized basis, the gender aspects of emerging and continued health challenges, such as malaria, tuberculosis, HIV/AIDS and other diseases having a disproportionate impact on women's health, including those resulting in the highest mortality and morbidity rates (General Assembly resolution S-23/3, annex, para. 72 (a)).

51. The General Assembly further urged that measures should be taken to intensify education, services and community-based mobilization strategies to protect women of all ages from HIV and other sexually transmitted infections, including through the development of safe, affordable, effective and easily accessible female-controlled methods, including such methods as microbicides and female condoms (para. 103 (b)). Access should be provided to adequate and affordable treatment, monitoring and care for all people, especially women and girls, infected with sexually transmitted diseases or living with life-threatening diseases, including HIV/AIDS and associated opportunistic infections, such as tuberculosis (para. 103 (c)).

52. In 2004, the Economic and Social Council endorsed the agreed conclusions of the Commission on the Status of Women on the role of men and boys in achieving gender equality, which called for ensuring men's access to and utilization of reproductive and sexual health services and programmes, including HIV/AIDS-related programmes and services, and encouraged men to participate with women in programmes designed to prevent the transmission and treat all forms of HIV/AIDS and other sexually transmitted infections (see Economic and Social Council resolution 2004/11, para. 6 (p)).

53. In 2007, the Commission, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child,[16] urged Governments to ensure that young women and men have access to information and education, including peer education, youth-specific HIV education and sexual education and services necessary for behavioural change, to develop the life skills required to reduce their vulnerability to HIV infection and reproductive ill health, in full partnership with young persons, parents, families, educators and health-care providers (para. 14.2 (j)).

54. Furthermore, in 2008, the Commission, in its agreed conclusions on financing for gender equality and the empowerment of women,[19] urged Governments to address the overall expansion and feminization of the HIV/AIDS pandemic, taking into account that women and girls bear a disproportionate share of the burden imposed by the HIV/AIDS crisis, that they play a key role in care and that they have

[19] See *Official Records of the Economic and Social Council, 2008, Supplement No. 7* (E/2008/27), chap. I, sect. A.

become more vulnerable to violence, stigma and discrimination, poverty and marginalization from their families and communities as a result of the HIV/AIDS crisis. In that regard, Governments were called upon to significantly scale up efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010 and ensure that those efforts integrate and promote gender equality (para. 21 (ff)).

55. In 2001, the General Assembly adopted the Declaration of Commitment on HIV/AIDS,[20] in which Member States reiterated that gender equality and women's empowerment were crucial to the reduction of the vulnerability of women and girls to HIV/AIDS. The Declaration included time-bound goals which related specifically to women, including to implement, by 2005, measures to increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services; and to ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS (paras. 60 and 61).

56. In 2006, the General Assembly adopted the Political Declaration on HIV/AIDS,[21] in 2006 wherein Member States committed to ensuring that pregnant women have access to antenatal care, information, counselling and other HIV services; increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV; and ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, access to treatment, especially life-long antiretroviral therapy and breast-milk substitutes and the provision of a continuum of care (para. 27). Member States pledged to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection (para. 30); and strengthen legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS (para. 31).

57. The General Assembly, in its resolution 61/143 on the intensification of efforts to eliminate all forms of violence against women, urged Member States to recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS and ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence (para. 8 (k)).

D. Violence against women and girls

58. The Beijing Platform for Action recognized violence against women as an obstacle to the achievement of equality, development and peace and noted the high social, health and economic costs associated with violence against women (paras. 112 and 117). The Secretary-General's in-depth study on all forms of

[20] General Assembly resolution S-26/2, annex.

[21] General Assembly resolution 60/262, annex.

violence against women emphasized that violence against women has consequences for women's health and well-being and carries a heavy human and economic cost (para. 156).[22]

59. To combat violence against women, the Platform for Action urged relevant actors to provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, and assistance to enable them to find a means of subsistence (para. 125 (a)); and to recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, mother and baby protection services, and centres for migrant families in the field of information and education related to abuse (para. 125 (f)).

60. In the outcome of its twenty-third special session (see resolution S-23/3, annex), the General Assembly called on Member States to develop gender-sensitive supportive programmes and train health workers to recognize gender-based violence and provide care for girls and women of all ages who have experienced any form of violence (para. 69 (i)); and to adopt and promote a holistic approach to respond to all forms of violence and abuse against girls and women of all ages, including girls and women with disabilities, as well as vulnerable and marginalized women and girls in order to address their diverse needs, including education, provision of appropriate health care and services and basic social services (para. 69 (j)).

61. In 2007, the Commission on the Status of Women, in its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child,[16] called on Governments to provide age-appropriate and gender-sensitive services to girls subjected to all forms of gender-based violence (para. 14.9 (c)). Governments were urged to develop and implement national legislation and policies prohibiting harmful customary or traditional practices, particularly female genital mutilation, that are violations of and obstacles to the full enjoyment by women of their human rights and fundamental freedoms (para. 14.4 (d)); create and support community-based networks to advocate against all forms of violence against girls, develop programmes to sensitize and train health workers and other professionals working with and for the girl child to the issue, including on the early detection of violence, and integrate comprehensive measures and incentives that promote the full enjoyment of human rights and equality by the girl child into national development strategies (para. 14.9 (f)); and increase education and training among teachers and health service providers in identifying acts of violence against the girl child, and ensure that they also take action to eradicate all forms of violence against the girl child, including customary and traditional practices that are harmful to the health of the girl child (para. 14.9 (l)).

62. The General Assembly, in its resolution 61/143 on the intensification of efforts to eliminate all forms of violence against women, urged Member States to strengthen national health and social infrastructure to reinforce measures to promote women's equal access to public health and address the health consequences of violence against women, including by providing support to victims (para. 8 (j)).

[22] A/61/122/Add.1 and Add.1/Corr.1.

63. The Committee on the Elimination of Discrimination against Women, in its general recommendation 19 of 1992,[23] recommended that States parties should establish or support services for victims of family violence, rape, sexual assault and other forms of gender-based violence. Such measures could include establishing refuges, training health workers and providing rehabilitation and counselling (para. 24 (k)).

[23] See *Official Records of the General Assembly, Forty-seventh Session, Supplement No. 38* (A/47/38), chap. I.

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Preparation of the 2009 *World Survey on the Role of Women in Development*

Note by the Secretary-General

Summary

In its resolution 59/248, the General Assembly requested the Secretary-General to update the *World Survey on the Role of Women in Development* for consideration at its sixty-fourth session. The present note contains information regarding the preparation of the Survey.

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I. Background

1. In its resolution 35/78, the General Assembly requested the Secretary-General to prepare a comprehensive, detailed outline for a multisectoral and interdisciplinary world survey on the role of women in overall development, taking into account the relevant recommendations of the 1980 World Conference of the United Nations Decade for Women, held in Copenhagen, as well as the results of the relevant United Nations conferences on development issues, and to report thereon to the Assembly at its thirty-sixth session. The world survey was to be prepared in close collaboration with appropriate agencies of the United Nations system and in consultation with the Commission on the Status of Women.[1] The first *World Survey on the Role of Women in Development* was published in 1986.[2]

2. In its resolution 40/204, the General Assembly requested the Secretary-General to update the *World Survey* on a regular basis, focusing on selected emerging development issues that have an impact on the role of women in the economy at the local, national, regional and international levels. Subsequently, *World Surveys* were submitted to the Assembly in 1989, 1994, 1999 and 2004.[3] The most recent *World Survey on the Role of Women in Development*, in 2004, focused on women and international migration and presented key issues on labour migration and the rights of migrant women, refugees and displaced persons, as well as trafficking of women and girls.

3. The General Assembly, in its resolution 59/248, requested the Secretary-General to update the *World Survey on the Role of Women in Development*, noting that the survey should continue to focus on selective emerging development themes that have an impact on the role of women in the economy at the national, regional and international levels. At its sixtieth session, the Assembly decided that the theme for the sixth survey would be "Women's control over economic resources and access to financial resources, including microfinance".[4]

4. The present note by the Secretary-General serves to inform the Commission on the Status of Women at its fifty-third session about the preparation of the *World Survey on the Role of Women in Development*, which will focus on the theme "Women's control over economic resources and access to financial resources, including microfinance", to be submitted to the General Assembly at its sixty-fourth session in 2009.

II. Preparation of the *World Survey on the Role of Women in Development*

5. The Division for the Advancement of Women is proceeding with the preparation of the *World Survey* through a consultative process with United Nations entities in the context of the Inter-Agency Network on Women and Gender Equality, as well as in cooperation with other divisions within the Department of Economic and Social Affairs and the regional commissions.

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[1] See General Assembly resolutions 36/74 and 36/127.

[2] United Nations publication, Sales No. E.86.IV.3.

[3] United Nations publication, Sales No. E.89.IV.2, A/49/378, A/54/227 and A/59/287.

[4] Resolution 60/210, para. 38.

6. An expert consultation on the theme "Women's control over economic resources and access to financial resources, including microfinance" was organized by the Division for the Advancement of Women in Bangkok from 12 to 14 November 2008, hosted by the Economic and Social Commission for Asia and the Pacific (ESCAP). The meeting provided the opportunity for experts to discuss the topic and provide guidance and recommendations that will serve as a basis for the further elaboration of the *World Survey*. It also provided the opportunity for contributions by United Nations entities both prior to and during the expert consultation, including the Economic Commission for Africa, the Economic Commission for Latin America and the Caribbean, ESCAP, the International Fund for Agricultural Development (IFAD), the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the United Nations Development Fund for Women (UNIFEM), the United Nations Educational, Scientific and Cultural Organization and the United Nations Human Settlements Programme (UN-Habitat). The Asian Institute of Technology (a partner of IFAD) and the International Organization for Migration (IOM) also participated in the expert consultation.

7. A further expert consultation will be held in February 2009 to support the preparation of the *World Survey*. Experts and representatives of United Nations entities will be invited to participate in that meeting.

III. Issues to be addressed in the *World Survey on the Role of Women in Development*

8. The *World Survey* will address women's control over economic resources and access to financial resources, including microfinance, within the broad framework of the economic empowerment of women. There is increasing recognition that women's economic empowerment is a key strategy for economic development. Increased access to and control over resources and opportunities for women not only improve the economic status of women themselves and their households and communities, but also create a multiplier effect for economic growth. On the other hand, the lack of economic empowerment for women both jeopardizes growth and poverty reduction and leads to, inter alia, less favourable education and health outcomes for women and their children and greater risks of HIV/AIDS[5] and violence for women and girls.[6]

9. The potential impact of a number of ILO Conventions[7] and international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women and the International Covenant on Economic, Social and Cultural Rights, which contain provisions promoting women's economic empowerment, will be examined. The manner in which States can systematically

[5] "Gender equality as smart economics: a World Bank Group gender action plan (fiscal years 2007-10)", September 2006.

[6] A/61/122/Add.1, para. 87.

[7] ILO has adopted a number of Conventions of particular relevance to gender equality, four of which are the key gender equality Conventions: the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), the Equal Remuneration Convention, 1951 (No. 100), the Workers with Family Responsibilities Convention, 1981 (No. 156) and the Maternity Protection Convention, 2000 (No. 183).

and effectively utilize these instruments to overcome the barriers to women's economic empowerment will be explored.

10. The *World Survey* will address some of the key constraints that have hindered progress in achieving women's economic empowerment. Lack of legal provisions guaranteeing the economic rights of women, coupled with customary laws that discriminate against them with regard to inheritance rights, hinder women's economic empowerment and are major factors in their vulnerability to poverty. Discrimination against women in the labour market and lack of adequate access to education, training and technology also constrain their economic empowerment. Stereotypical attitudes, traditional practices, and the unequal division of labour between women and men at the household level can exacerbate women's unequal access to and control over economic and financial resources.[8] Because of women's limited access to decision-making in policymaking bodies, economic policies and strategies are often not gender-sensitive and can exacerbate women's unequal access to economic resources and opportunities. The *World Survey* will also explore the constraints to women's economic empowerment resulting from emerging issues, such as climate change and the food and energy crises.

11. The *World Survey* will identify opportunities for and constraints and challenges to women's economic empowerment at the micro, meso and macro levels, as well as the interlinkages between the levels. The linkages between economic and social policies at different levels and their impact on women's economic empowerment will be discussed. The impact of the changes in the global economic environment, such as the growing interdependence of economies and the current financial crisis, will be explored.

12. In some regions, men migrate to seek work, leaving women behind with sole responsibility for agricultural production, in the context of limited legal protection and rights to property ownership.[9] Women who remain behind when their husbands or children migrate can assume new roles and responsibility for decisions affecting the social and economic well-being of their families. Migration can empower women, but can also subject them to exploitation and gender-based violence.[10] Increasing urbanization has intensified the competition between rural and urban areas for scarce resources, such as water.[11] In Latin America, women's limited access to water for household use and irrigation has a negative impact on their productivity.[12]

13. The impact on women's empowerment of policies covering a wide range of areas, including agriculture, migration, urbanization and trade, will be evaluated in order to identify the types of policies and programmes that are conducive to women's economic empowerment. Although women make a major contribution to agricultural production, for example, their contribution is underreported in all developing regions because women's work is often unrecognized or is considered

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[8] UNDP, *Innovative Approaches to Promoting Women's Economic Empowerment*, 2008, p. 12.

[9] World Bank, Food and Agriculture Organization of the United Nations (FAO) and IFAD, *Gender in Agriculture Sourcebook*, 2008, p. 1.

[10] *2004 World Survey on the Role of Women in Development: Women and International Migration* (United Nations publication, Sales No. E.04.IV.4), pp. iii and 2.

[11] World Bank, FAO and IFAD, op. cit., p. 368.

[12] Soledad Parada, "Rural women in Latin America and their access to economic resources", expert paper prepared for the United Nations expert consultation, 2008.

part of household work.[13] Trade policies that promote cash crops and prioritize export-oriented growth usually benefit men, who predominate in these areas, and further marginalize women.[14] In some cases, men may take over crops traditionally raised by women when such crops are commercialized.[15]

14. Trade policies can have diverse effects on financial resources for gender equality, creating both opportunities and constraints through their impact on employment, income and prices. Trade can create employment opportunities for women in countries that export labour-intensive manufactured goods, but may also lead to unemployment for women if declines in prices force local industries to shut down or lay off workers.[16] For the majority of poor women in sub-Saharan Africa, diversification into trade has not helped them move out of poverty.[17]

15. The ways in which public finance management can ensure that resources are allocated to promote women's economic empowerment will be examined. The formulation of budgets at the local, provincial and state levels, for example, can have direct and indirect impacts on women's access to economic and financial resources. On the revenue side, tax systems can affect women's access to the labour market by influencing how women and men allocate their time to formal, informal and unpaid work.[18] On the expenditure side, resources can be allocated to enhance the productive capacity of women and to support their access to markets. Since women tend to have shorter work histories in the formal sector, because of interruptions for childcare and early retirement, and also have lower wages than men, they may not benefit fully from social security and social welfare measures. Women are, for example, likely to earn smaller pensions than men.[19]

16. The *World Survey* will consider official development assistance (ODA) as a critical mechanism for the economic empowerment of women. ODA funding for the empowerment of women has been directed mostly to the social sectors, mainly health and education, with limited funds allocated to areas such as agriculture, infrastructure and finance.[20] In addition to allocating funds to economic sectors, the systematic incorporation of gender perspectives in all ODA sectors is essential to increase women's access to and control over resources.

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[13] *Women 2000 and Beyond: Rural Women in a Changing World: Opportunities and Challenges*, United Nations Division for the Advancement of Women, Department of Economic and Social Affairs, 2008, p. 9.

[14] Zo Randriamaro, *Gender and Trade: Overview Report* (BRIDGE, Brighton, 2006).

[15] Sarojini Ganju Thakur, "Towards women's economic empowerment — enhancing women's control over economic resources", expert paper prepared for the United Nations expert consultation, 2008, p. 8.

[16] *1999 World Survey on the Role of Women in Development: Globalization, Gender and Work* (United Nations publication, Sales No. E.99.IV.8), pp. 12-13.

[17] Ann Whitehead, "The gendered impacts of liberalisation policies on African agricultural economies and rural livelihoods", background paper for the United Nations Research Institute for Social Development (UNRISD) report *Gender Equality: Striving for Justice in an Unequal World*, 2005.

[18] Diane Elson, *Budgeting for Women's Rights: Monitoring Government Budgets for Compliance with CEDAW*, UNIFEM, 2006, pp. 79-80.

[19] World Bank, "Gender-differentiated impacts of pension reform", in PREM Notes: Gender, No. 85, April 2004, p. 1.

[20] Organization for Economic Cooperation and Development-Development Assistance Committee secretariat, "Aid to support gender equality, 2001-2005", January 2007.

17. In its discussion of resources for gender equality from domestic and external sources, the *World Survey* will be guided by the outcome of the Commission on the Status of Women at its fifty-second session on "Financing for gender equality and the empowerment of women".

18. The *World Survey* will focus on women's access to labour markets and decent work. While women's access to employment opportunities has increased in recent years, women are more likely than men to have low-productivity, low-paid and vulnerable jobs, with no social protection, basic rights or voice at work.[21] Globally, there also has been a shift in the areas of employment of women, from agriculture towards services. In 2007, 46.3 per cent of women worked in the services sector, as opposed to 36.1 per cent in agriculture, which 10 years ago was the main source of employment for women.[22]

19. The *World Survey* will focus on women's employment in both the formal and informal sectors and will address women's unpaid work. Obstacles faced by women entrepreneurs, such as complicated procedures for business start-ups and limited access to capital, will be discussed. Within informal employment, women are more likely than men to work as own-account workers, domestic workers and unpaid workers in family enterprises.[23] While globally the share of vulnerable employment — the contributing family workers or own-account workers — decreased from 56.1 per cent in 1997 to 51.7 per cent in 2007, the vulnerable share is still larger for women than for men, especially in the world's poorest regions.[22] The potential impact of social and legal protection measures on women in informal employment will be explored.

20. Care work, which includes both direct and indirect care of persons, as well as supportive services such as cleaning and cooking, contributes to the development of human capabilities and to economic growth.[24] Women continue to bear the responsibility of unpaid care work, which includes managing a household, cooking, cleaning, collecting fuel and water and caring for family members.[25] Unpaid care work affects women's ability to undertake paid work, as well as the type, duration and location of their work, and may force them to turn to vulnerable and informal employment.[26] The HIV/AIDS pandemic further increases the burden of unpaid care work on women and girls, as responsibilities for care of family members living with HIV fall disproportionately on them.[27] Both informal sector employment and unpaid care work are excluded from the gross national product.[25] Policy responses to care work include provision of care services, primary education and health services, social protection measures and parental leave provisions.[28] Social protection measures, including health insurance, unemployment insurance and pension funds, play a crucial role in providing support for the costs of family care responsibilities

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[21] ILO, *Global Employment Trends for Women 2008*, p. 1.

[22] Ibid., p. 3.

[23] UNIFEM, *Progress of the World's Women 2005: Women, Work and Poverty*, 2005, p. 44.

[24] EGM/ESOR/2008/BP.3, paper prepared by UNRISD, pp. 5 and 31.

[25] Diane Elson, "Gender budget initiative: background papers", Commonwealth Secretariat, 1999, p. 4.

[26] EGM/ESOR/2008/BP.2, paper prepared by ILO.

[27] Joint United Nations Programme on HIV/AIDS, UNFPA and UNIFEM, *Women and HIV/AIDS: Confronting the Crisis*, 2004, p. 31.

[28] EGM/ESOR/2008/BP.3, op. cit., pp. 3-4.

by insuring against health-care costs, disability, unemployment and loss of income in old age.[29]

21. The *World Survey* will explore the manner in which policies, legislation and other measures can address women's unpaid care work, including through promoting equal sharing of responsibilities between women and men in public and private life. In this respect, the *World Survey* will be guided by the outcome of the fifty-third session of the Commission on the Status of Women on "The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS".

22. The role of the private sector in women's economic empowerment, including through increasing women's participation in corporate boards, developing family-friendly policies and providing social protection measures such as leaves and flexible working arrangements, will also be explored. Family-friendly policies and voluntary codes of conduct with built-in monitoring and verification systems have been introduced by some employers in the private sector to ensure workers' rights in this respect; the benefits have included improvements in overall business productivity.[30]

23. Women's access to land and other resources and assets, including through inheritance, markets and legislation, will be explored. Land ownership, for example, has direct economic benefits as a source of income, as a key input for production and as collateral for credit.[31] Although some progress has been made through legislative reform to secure women's access to land and assets, effective implementation of legislative reforms is hindered by obstacles such as stereotypical attitudes, sociocultural practices and lack of political will and resources.[32] Women's access to common resources and public goods and services will also be addressed. Given that two thirds of the female labour force in developing economies is estimated to be engaged in agricultural activities,[33] particular attention will be paid to women's access to agricultural inputs, technology, infrastructure and extension services.

24. Research on women's access to financial services has focused mainly on microfinance — banking and financial services targeted to low-income women clients. The *World Survey* will focus on women's access to all financial services, including savings, insurance, remittance transfers and credit, which is essential for women to fully benefit from economic opportunities. Both the positive and negative aspects of microcredit will be examined, since research in some areas has led to a debate on whether all microcredit programmes contribute to the empowerment of women. Reviews of the implementation of the Beijing Platform for Action undertaken in 2000 and 2005 demonstrated some of the positive impacts of microcredit for women's empowerment, while acknowledging the limited coverage

[29] EGM/ESOR/2008/BP.2, op. cit., p. 13.

[30] ILO, *Breaking through the glass ceiling: Women in management: Update 2004*, p. 18.

[31] UNDP, 2008, op. cit., p. 75.

[32] UN-Habitat, "Policy makers guide to women's land, property and housing rights across the world", 2007.

[33] *Women 2000 and Beyond: Rural Women in a Changing World: Opportunities and Challenges*, United Nations Division for the Advancement of Women, Department of Economic and Social Affairs.

and amount of credit available to women.[34] While women constitute the majority of the poorest clients of microcredit institutions,[35] they generally receive a smaller amount of money than men.[36] The impact on women's empowerment has been shown to be limited in programmes where women's economic contribution to the household substitutes for that of men, or where women's workloads are increased.[37] The *World Survey* will consider ways in which gender perspectives can be incorporated into the design, implementation and monitoring of microfinance products, including microcredit programmes, to ensure that they are empowering for women.

25. The *World Survey* will address conceptual and methodological issues related to the measurement of women's economic empowerment, in order to identify gaps and challenges, inform the development of gender-sensitive policies and programmes, and systematically and effectively monitor progress in women's economic empowerment.

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[34] E/CN.6/2000/PC/2 and Corr.2 and 3 and E/CN.6/2005/2 and Corr.1.

[35] Sam Daley-Harris, *State of the Microcredit Summit Campaign Report 2005*, p. 24.

[36] Susy Cheston and Lisa Kuhn, "Empowering women through microfinance", 2002, paper commissioned by the Microcredit Summit Campaign, p. 4.

[37] Linda Mayoux, "Microfinance and women's empowerment: rethinking 'best practice'", *Development Bulletin*, No. 57, 2002, p. 76.